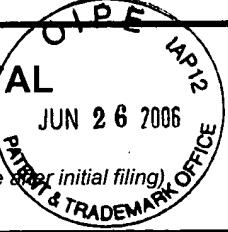


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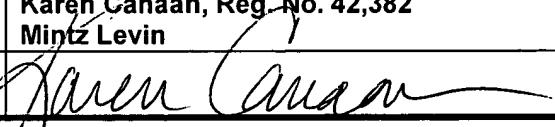
TRANSMITTAL FORM		 (to be used for all correspondence after initial filing)	Application Number	10/766,104
Mail Stop	Amendment		Filing Date	January 27, 2004
			First Named Inventor	Woonza M. Rhee
			Art Unit	1618
			Examiner Name	Blessing M. Fubara
		Attorney Docket Number	72500-287-05	

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee(s) due: \$ _____ <input type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - _____ Affidavits/declaration(s) <input type="checkbox"/> _____-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement & PTO-1449 Form <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - _____ Sheets <input type="checkbox"/> Compact Disk(s) - _____ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s) (see remarks): Claim Count <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Total Claims</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">68</td> <td style="border: 1px solid black; padding: 2px;">- 68 =</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">0</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">0</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Independent Claims</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px;">- 2 =</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">0</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">0</td> </tr> </table>	Total Claims	68	- 68 =	0	0	Independent Claims	2	- 2 =	0	0
Total Claims	68	- 68 =	0	0								
Independent Claims	2	- 2 =	0	0								

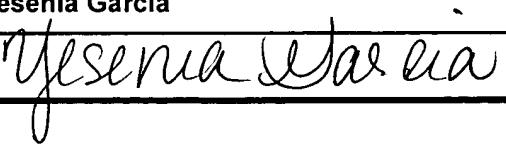
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Karen Canaan, Reg. No. 42,382 Mintz Levin	Telephone	(650) 251-7700
Signature			Date

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Yesenia Garcia		
Signature			Date